

WAIMATE HIGH SCHOOL/SCD

RELIEF PAYMENT FORM

PLEASE ATTACH THIS FORM TO YOUR INVOICE

Date 14-15 March 2011

Name of Teacher for whom relief was required _____

School _____

Actual relief cost incurred \$ _____

G.S.T. \$ _____

Total \$ _____

Are you receiving any other relief reimbursement?

Yes

☐

No

☐

Comments _____

Approved _____ Date _____

Payment _____

Paid _____ Date _____

Note: Only actual and realistic relief costs will be reimbursed. The maximum amount payable for a single days relief is \$281.91